

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047346

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 617

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN INDEPENDENCELength of stay in lb
16 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 11232 MORRELLInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY

c. CITY OR TOWN JOLIET

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NONEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

GLENN

Middle

ALBERT

Last

THOMPSON

4. DATE OF DEATH

Month

DECEMBER

Day

21, 1962

Year

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-25-19009. AGE (last birthday)
62IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED PACKER10b. KIND OF BUSINESS OR INDUSTRY
CATERPILLAR CO.11. BIRTHPLACE (City and state or country)
MEMPHIS, MISSOURI12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

MARTIN THOMPSON

13b. MOTHER'S MAIDEN NAME

JOSEPHINE MURPHY

14. NAME OF HUSBAND OR WIFE

ANN THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) NO(If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ann Thompson, Joliet, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion -

INTERVAL BETWEEN ONSET AND DEATH

1 Day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Atherosclerosis

Years

DUE TO (c)

myocardial Infarction

10 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 20, 1962 to Dec. 21, 1962 and last saw her/him alive on Dec. 20, 1962
Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE

12-24-62

23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO.C.CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

12-22-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

12-22-62